

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gerald	2. Surname (Last Name) Smetana	3. Date 24-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title How would you manage this patient with osteoporosis? Grand Rounds Discussion from Beth Israel Deaconess Medical Center"		
6. Manuscript Identifying Number (if you know it) M18-0950		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Smetana has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sarah

2. Surname (Last Name)
Berry

3. Date
10-April-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Risa Burns

5. Manuscript Title
How would you manage this patient with osteoporosis? Grand Rounds Discussion from Beth Israel Deaconess Medical Center

6. Manuscript Identifying Number (if you know it)
M18-0950

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-investigaor on a grant to evaluate Bone Mineral Density changes in a treated population

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Berry reports grants from Amgen, outside the submitted work; .

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1. Given Name (First Name) Harold	2. Surname (Last Name) Rosen	3. Date 12-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Risa Burns
5. Manuscript Title How would you manage this patient with osteoporosis? Grand Rounds Discussion from Beth Israel Deaconess Medical Center		
6. Manuscript Identifying Number (if you know it) M18-0950		

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Section 1. Identifying Information

1. Given Name (First Name)

Risa

2. Surname (Last Name)

Burns

3. Date

01-April-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

How Would You Manage This Patient With Osteoporosis?

6. Manuscript Identifying Number (if you know it)

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